



MAINE DEPARTMENT OF

Professional & Financial Regulation

How To File a Complaint with the Maine Bureau of Insurance ~ Life and Disability Division

Thank you for contacting the Bureau of Insurance. The Maine Bureau of Insurance enforces Maine's insurance laws. The Bureau's Life and Disability Division provides consumer information and investigates complaints about companies and agents.

Attached please find a Consumer Complaint Form, which must be completed and returned to this office. This signed form authorizes the Bureau to investigate the matter on your behalf and provides us with the basic information we need to investigate your complaint. If additional space is needed, please use a separate sheet of paper.

What Types of Complaints Do We Handle?

- ◆Life Insurance
 - ◆Disability Income Insurance
 - ◆Credit Insurance
 - ◆Annuities
- ➔ *Coverage*
 - ➔ *Claims*
 - ➔ *Sales*
 - ➔ *Cancellations/Nonrenewals*
 - ➔ *Refunds*
 - ➔ *Other Disputes*

Instructions for Completing the Complaint Form:

Please tell us:

- ▶ ***Your telephone number, name, and address;***
- ▶ What happened, who was involved, and why you think the company or agent is wrong – dates are also very important;
- ▶ How you have tried to resolve the problem;
- ▶ The name and address of the insurance company or agent involved;
- ▶ Policy number, certificate number and dates of coverage;
- ▶ What you would like the company or agent to do;
- ▶ If this complaint is on behalf of another party, please identify the name of the person on the policy and their relationship to you;

Other information we will need:

▶ PLEASE PROVIDE PHOTOCOPIES!

When filing your complaint, please be sure to attached copies (**not originals**) of:

- ✓ Letters you have written to the insurance company or agent concerning your complaint;
- ✓ Letters the insurance company or agent has written to you;
- ✓ Copies of your explanation of benefits or letter(s) explaining how benefits were calculated;
- ✓ A copy of your insurance policy;
- ✓ A copy of any insurance illustrations or marketing material presented to you by the agent or company
- ✓ Any additional information you feel might be pertinent to the complaint
- ✓ If you find that you have additional information after your initial complaint has been filed, please put it in writing, include your name, address, and phone number, and send the letter to your Claims Examiner.

What Happens Next?

Your complaint will be assigned to a Claims Examiner who will contact you by mail at the beginning of their investigation and will advise you of their conclusions once the investigation has been completed. ***This usually takes a minimum of forty-five days after receipt of a company's response, although it may take much longer if your complaint involves a complex problem.***

What is Involved in the Investigation?

1. A copy of your complaint is sent to the company or agent involved. We will then ask them for an explanation of their position.
2. Once the response is received, the Examiner assigned to you will review the answer to make certain it has correctly answered your complaint and to see if any of Maine's laws have been violated. It is possible that more letters or phone calls will take place between the Examiner and the company or agent.
3. After the response has been thoroughly reviewed for correctness, the Examiner will send you a letter explaining the results of the investigation.

What Happens if the Company Refuses to Correct My Problem?

- If we see no evidence of violations, the Examiner's letter will explain why we are closing the investigation.
- If the Examiner is not satisfied with the company's response, we will continue to work on the case to clarify the issues involved.
- If the company has violated Maine's insurance laws and we are unable to force them to comply, we may find it necessary to refer your complaint to our Legal Division for legal enforcement.

The Bureau of Insurance Can't:

- ☒ Act as your attorney or give you legal advice;
- ☒ Recommend insurance companies or agents;
- ☒ Resolve a dispute when the only evidence is your word against the word of an agent or company;
- ☒ Force the company to satisfy you if no laws have been broken;
- ☒ Make medical judgments;
- ☒ Handle problems with your employer's self-funded plan, unless the plan involves an insurance company or independent administrator.

Please note that the Bureau does not have the authority to order the payment of monetary judgments, although in some instances, we may order restitution for violations of the Insurance Code. Some disputes are more appropriately handled by the courts. We are often able to help and we will make every effort to see that you are treated fairly by the insurance companies we regulate.

Please return the attached Consumer Complaint Form to:

Bureau of Insurance
Life and Disability Division
34 State House Station
Augusta, ME 04333-0034
Tel: (207) 624-8475
Toll Free: 1-800-300-5000
Fax: (207) 624-8599
Website: <http://www.maineinsurancereg.org>

PLEASE PRINT, TYPE, OR WRITE CLEARLY

Type of Policy (Please check all that apply):

☐ LIFE INSURANCE ☐ DISABILITY INSURANCE ☐ CREDIT INSURANCE ☐ ANNUITY ☐ VIATICAL
☐ INDIVIDUAL PLAN ☐ GROUP PLAN ☐ ASSOCIATION PLAN ☐ SELF-INSURED ☐ OTHER – describe _____

CONSUMER NAME: (FIRST) (MIDDLE) (LAST) (TELEPHONE NUMBER: DAY AND EVENING)

CONSUMER MAILING ADDRESS: (STREET) (CITY) (STATE) (ZIP)

WHO IS COMPLAINT AGAINST? (NAME OF INSURANCE COMPANY, INSURANCE PRODUCER, OR ADMINISTRATOR)

ADDRESS IF KNOWN (STREET) (CITY) (STATE) (ZIP)

(POLICY NUMBER) (CLAIM NUMBER) (EFFECTIVE DATE OF COVERAGE) (DATE OF LOSS)

Please provide us with the details of your complaint. Please be as specific as possible.

Complaint may be continued on the reverse side. Please attach additional sheets if needed ⇒

I hereby authorize any hospital, physician, health care provider, company, or person regulated by the Maine Bureau of Insurance to provide the Bureau with any medical information or records required by the Bureau to investigate my complaint. I specifically authorize release of information regarding mental health and/or substance abuse treatment as needed to investigate this complaint. If this complaint concerns a self-funded (ERISA) plan, I further authorize the Bureau to forward my complaint to the U.S. Department of Labor, Office of Pension and Welfare Benefits. This authorization remains in effect until I revoke it in writing.



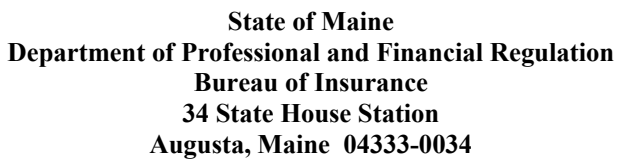
SIGNATURE OF CLAIMANT

DATE

If you are filing this complaint on someone else's behalf, please let us know:

Your Name and Relationship to the Claimant Your Phone Number Your Signature Date

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**Offices Located At: 124 Northern Avenue, Gardiner, Maine 04345**